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TECH CENTER 1600/2901

DECLARATION AND POWER OF ATTORNEY--ORIGINAL APPLICATION

Atty.'s Docket No. 530-005

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name;

I believe I am an original, first and co-inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled Mass Spectrometric Immunoassay, serial number 09/024,988 the application for which was filed on February 17, 1998.

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Kristofer E. Halvorson

Reg. No. 39,211

SEND CORRESPONDENCE TO:

The Halvorson Law Firm, P.C.
405 W. Southern Ave., Ste 1
Tempe, Arizona 85282

DIRECT TELEPHONE CALLS TO:

Kristofer E. Halvorson
(480) 449-3600

Mr. Randall W. Nelson	Nelson	Randall	W.
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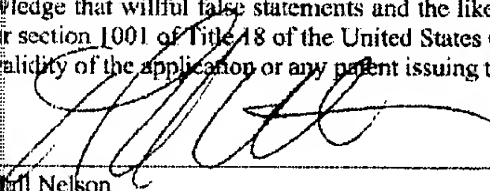
Mr. Peter Williams	Williams	Peter	
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Jennifer Krone	Krone	Jennifer	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	MIDDLE INITIAL

RESIDENCE	CITY	STATE OR PROVINCE	COUNTRY OF CITIZENSHIP
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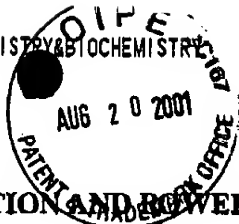
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.



Randall NelsonAugust 13, 2001

DATE_____
Peter Williams_____
DATE_____
Jennifer Krone_____
DATE



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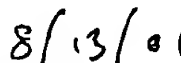
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Jennifer Krone	Krone	Jennifer	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	MIDDLE INITIAL

RESIDENCE	CITY	STATE OR PROVINCE	COUNTRY OF CITIZENSHIP
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Randall Nelson_____
Peter Williams_____
DATE

DATE_____
Jennifer Krone_____
DATE

AUG-19-01 15:32

FROM-D

L. L. HOUSE NY

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T-051 P.03/C2 F-303

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Randall Nelson

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Peter Williams

DATE

Jennifer Krone

DATE

8/15/01